

## COMPLIANCE CHECKLIST

### ► Outpatient Pharmacies

The following Checklist is for plan review of clinic and hospital outpatient facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000, Clinic Licensure Regulations 105 CMR 140.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

#### Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (\_\_\_\_) of this Checklist must be filled in with one of the following checkmarks, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (\_\_\_\_) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two checkmarks separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

**X** = Requirement is met, for new space, renovated space or existing unchanged support space.      ☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.

**E** = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project.      **W** = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).

3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **3.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
5. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

.....

Facility Address:

.....

Satellite Name: (if applicable)

Building/Floor Location:

.....

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

.....

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

**2.1- ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

**6.1.1.2**      ☐ Located for convenient access, staff control & security

**6.1.2**      ☐ Dispensing Facilities

**6.1.2.1**      ☐ receiving area

**6.1.2.4**      ☐ reviewing & recording area

**6.1.2.3**      ☐ extemporaneous compounding area

☐ counter space for drug preparation

**6.1.2.2**      ☐ work counters & space for dispensing activities

☐ Sink

☐ Vent. min. 4 air ch./hr

**6.1.2.6**      ☐ Security provisions in dispensing counter area

**6.1.4**      ☐ Storage (i.e. cabinets, shelves, rooms or closets)

**6.1.4.1**      ☐ bulk storage

**6.1.4.2**      ☐ active storage

**6.1.4.3**      ☐ refrigerated storage

**6.1.4.4**      ☐ storage for alcohol & volatile fluids

**6.1.4.5**      ☐ secure storage for narcotics & controlled drugs

**6.1.4.6**      ☐ storage for supplies & equipment not in use

**6.1.5**      Support Areas

**6.1.5.3**      ☐ administrative office or area

**6.1.5.4/5.**      ☐ direct dispensing to outpatients

**6**      ☐ space for patient counseling & instruction

**6.1.5.5**      ☐ multipurpose room for education & training  
(may be shared with other departments)

**6.1.5.8**      ☐ preparation of IV solutions

☐ check if service not included in facility

☐ sterile work room with laminar-flow work station  
for product protection

☐ anteroom

☐ HEPA filters & pressure gauge at  
laminar flow work station

☐ Handwashing station

Policy

**6.1.6.1**      ☐ staff toilets conveniently accessible

**6.1.6.2**      ☐ staff lockers conveniently accessible

**GENERAL STANDARDS****DETAILS AND FINISHES (3.1-5.2)****Corridors (5.2.1.1)**

- \_\_\_ Min. outpatient corridor width 5'-0"
- \_\_\_ Min. staff corridor width 44"
- \_\_\_ Fixed & portable equipment recessed does not reduce required corridor width
- \_\_\_ Work alcoves include standing space that does not interfere with corridor width
  - ☐ check if function not included in project

**Ceiling height (5.2.1.2)**

- \_\_\_ Min. 7'-10", except:
  - \_\_\_ 7'-8" in corridors, toilet rooms, storage rooms
  - \_\_\_ sufficient for ceiling mounted equipment
- \_\_\_ Min. clearance 6'-8" under suspended pipes/tracks

**Exits (5.2.1.3)**

- \_\_\_ Two remote exits from each floor

**Doors (5.2.1.4)**

- \_\_\_ Doors for patient use min. 3'-0" wide

**Glazing (5.2.1.5):**

- \_\_\_ Safety glazing or no glazing within 18" of floor

**Handwashing stations locations (5.2.1.6)**

- \_\_\_ located for proper use & operation
- \_\_\_ sufficient clearance to side wall for blade handles

**Floors (5.2.2.2)**

- \_\_\_ floors easily cleanable & wear-resistant
  - \_\_\_ washable flooring in rooms equipped with handwashing stations (Policy)
  - \_\_\_ wet-cleaned flooring resists detergents
- \_\_\_ Thresholds & expansion joints flush with floor surface (5.2.1.7)

**Walls (5.2.2.3)**

- \_\_\_ wall finishes are washable
- \_\_\_ smooth & moisture resistant finishes at plumbing fixtures

**ELEVATORS**

- |  |    |  |
|--|----|--|
| <ul style="list-style-type: none"> <li>___ Provide at least one elevator in multistory facility               <ul style="list-style-type: none"> <li>___ wheelchair accessible</li> <li>___ each elevator meets requirements of 3.1-6.2</li> </ul> </li> </ul> | or | <ul style="list-style-type: none"> <li>___ Each floor has an entrance located at outside grade level or handicapped accessible by ramp from outside grade level</li> </ul> |
|--|----|--|

**PLUMBING****Handwashing station equipment**

- \_\_\_ handwashing sink
- \_\_\_ hot & cold water supply
- \_\_\_ soap dispenser
- \_\_\_ hand-drying provisions

**Sink controls (1.6-2.1.3.2)**

- \_\_\_ wrist controls or other hands-free controls at all handwashing sinks
- \_\_\_ blade handles max. 4½" long

**MECHANICAL ((3.1-7.2)**

- \_\_\_ Ventilation airflows provided per Table 2.1-2
- \_\_\_ Exhaust fans located at discharge end (7.2.5.3(1)(c))
- \_\_\_ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (7.2.5.4(1))
- \_\_\_ Contaminated exhaust outlets located above roof (7.2.5.4(2))
- \_\_\_ Ventilation openings at least 3" above floor (7.2.5.4(4))
- \_\_\_ At least one 30% efficiency filter bed per Table 3.1-1